

ITW Texwipe  
An Illinois Tool Works Company  
650 East Crescent Avenue  
Upper Saddle River, NJ 07458-1827  
USA  
Telephone 201.327.9100  
Fax 201.327.5945  
www.texwipe.com



June 28, 2004

Ms. Becky Bonfonti  
NJ Department of Environmental Protection  
401 East State Street  
PO Box 414  
Trenton, NJ 08625

Re: Request to Deactivate EPA ID # 986 612 810

Dear Ms. Bonfonti:

ITW Texwipe requests NJDEP to deactivate our EPA ID Number, NJD 986 612 810 on July 1, 2004.

This deactivation is the result of cessation of operations that will occur on July 1, 2004 for our facility located at 650 East Crescent Avenue Upper Saddle River, NJ 07458

If you need further information, please contact me at (201) 327-9100 ext. 281 or via e-mail at [wspenburgh@texwipe.com](mailto:wspenburgh@texwipe.com). My telephone number after July 1, 2004 will be (201) 684-1800 ext. 281.

Please send confirmation of deactivation by fax to (201) 684-1801 or to my attention at our new address:

ITW Texwipe  
300B Route 17 South  
Mahwah, New Jersey 07458

Thank you,

A handwritten signature in black ink, appearing to read "William G. Speenburgh".

William G. Speenburgh  
Manager, Regulatory Affairs

*Deact.*  
*6-17-04*  
*(SB)*



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

08/28/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER**  
**INSTALLATION NAME**  
**INSTALLATION ADDRESS**  
  
**MAILING ADDRESS**

**NJD986612810**  
**I T W TEXWIPE**  
**650 E CRESCENT AVE**  
**UPPER SADDLE RIVER, NJ 07458**  
  
**PO BOX 575**  
**UPPER SADDLE RIVER, NJ 07458**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2**  
**RCRA Programs Branch**  
**290 Broadway, 22<sup>nd</sup> Floor**  
**New York, NY 10007-1866**

**ATTN: JACK HOYT**  
**Tel : (212) 637-4106**  
**Fax: (212) 637-4949**

**TO: I T W TEXWIPE**  
**or Current Occupant**  
**ATTN: WILLIAM SPEENBURGH - REG AFFAIRS ADV**  
**650 E CRESCENT AVE**  
**UPPER SADDLE RIVER, NJ 07458**

Name Change!

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2060-0028 Expires 12/31/02  
GSA No. 0346-LPA-07

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3016 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

01 AUG 1993 PM 1:41

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒
B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

N J D 9 8 6 6 1 2 8 1 0

## B. Name of Installation (Include company and specific site name)

I T W T E X W I P E

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6 5 0 E A S T C R E S C E N T A V E N U E

Street (Continued)

City or Town

State

Zip Code

U P P E R S A D D L E R I V E R N J 0 7 4 5 8 -

County Code

County Name

U N K B E R G E N

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 5 7 5

City or Town

State

Zip Code

U P P E R S A D D L E R I V E R N J 0 7 4 5 8 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

S P E E N B U R G H

W I L L I A M

Job Title

Phone Number (Area Code and Number)

R E G A F F A I R S A D V 2 0 1 - 3 2 7 - 9 1 0 0

## VI. Installation Contact Address (See Instructions)

A. Contact Address Location

Mailing

B. Street or P.O. Box

☒

6 5 0 E A S T C R E S C E N T A V E N U E

City or Town

State

Zip Code

U P P E R S A D D L E R I V E R N J 0 7 4 5 8 -

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

A C A J O U X E N T E R P R I S E S L L C

Street, P.O. Box, or Route Number

6 5 0 E A S T C R E S C E N T A V E N U E

City or Town

State

Zip Code

U P P E R S A D D L E R I V E R N J 0 7 4 5 8 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Date Changed Month Day Year

2 0 1 - 3 2 7 - 9 1 0 0 P P Yes X No 0 7 1 9 2 0 0 1

Address Verified By USPS.

## ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions)

## A. Hazardous Waste Activities

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

4. Exempt Boiler and/or Industrial Furnace

- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption

- ☐ 5. Underground Injection Control

## C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

- ☐ 3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marker

- ☐ a. Marker Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner

- ☐ b. Marker Who First Claims the Used Oil Meets the Specifications

## B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
U 0 0 2
7
U 1 5 4

2
U 1 5 9
8

3
U 2 2 0
9

4
U 1 2 2
10

5
U 1 6 1
11

6
U 2 3 9
12

## B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.30 - 261.34; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☐
4. Toxicity Characteristic ☒

1
D 0 3 5

2
D 0 0 6

3
D 0 0 7

4
D 0 0 9

## C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

William G. Speenburgh

Name and Official Title (Type or print)

WILLIAM G. SPEENBURGH  
REGULATORY AFFAIRS ADVISOR

Date Signed

7/19/01

## XI. Comments

Change of Installation Name and Installation legal owner

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

August 3, 2001

U.S. EPA  
AGENCY NO II  
01 AUG 22 AM 11:29**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

PROGRAMS BRANCH

Mr. Jack Hoyt  
U.S. EPA Region 2  
Division of Environmental Planning and Protection  
RCRA Programs Branch  
290 Broadway Street, 22<sup>nd</sup> Floor  
New York, New York 10007-1866

**Re: Exide Corporation Subsequent Notification of Regulated Waste Activity  
EPA ID No.: NJR000034462**

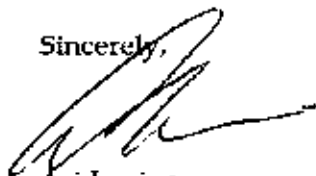
Dear Mr. Hoyt:

The purpose of this letter is to inform you that Exide Corporation will change its name to Exide Technologies (Exide) effective on or about August 1, 2001. Please note that this is a change in name only and not a change in ownership. The Notifications of Regulated Waste Activity (Form 8700-12), marked for Subsequent Notification, is attached for the following facilities:

Exide Technologies (currently listed in the system as GNB Industrial Power)  
95 Newfield Avenue  
Edison, New Jersey 08837  
EPA ID No.: NJR000034462

The purpose of this letter is to enable the Environmental Protection Agency's Region 2 to update its files and to satisfy any prior notice requirements established under its regulations. We are also modifying our generator status to a "Conditionally Exempt Small Quantity." If you should have any questions regarding this matter, please call Mr. Neal Lebo at (610) 921-4015. Thank you for your assistance.

Sincerely,



Ari Levine  
Deputy General Counsel &  
Assistant Secretary



# ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/05/96

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NJD986612810

FACILITY NAME ->

TEXWIPE CO LLC THE

MAILING ADDRESS ->

650 E CRESCENT AVE  
UPPER SADDLE RIVER, NJ 07458

INSTALLATION ADDRESS ->

650 E CRESCENT AVE  
UPPER SADDLE RIVER, NJ 07458

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1888

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: FAHY, SCOTT  
MGR REGULATORY  
TEXWIPE CO LLC THE  
650 E CRESCENT AVE  
UPPER SADDLE RIVER, NJ 07458



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/30/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986612810

FACILITY NAME -> TEXWIPE CO THE

MAILING ADDRESS -> 650 E CRESCENT AVE  
UPPER SADDLE RIVER, NJ 07458

INSTALLATION ADDRESS -> 650 E CRESCENT AVE  
UPPER SADDLE RIVER, NJ 07458

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 908

TO: FAHY, SCOTT  
MGR TECH SUPV  
TEXWIPE CO THE  
650 E CRESCENT AVE  
UPPER SADDLE RIVER, NJ 07458

FINDS

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. LMB No. 2050-0028. Expires 10-31-91  
GSA No. 0249-EPA-01Date Received  
(For Official Use Only)☒

NJTD986612810

The Texwipe Company

650 East Crescent Avenue

Upper Saddle River NJ 07458-

003 Bergen

Same

FAHY Scott

mar Tech also 201-327-9100

☒

EDWARD PALEY

650 EAST CRESCENT AVENUE

UPPER SADDLE RIVER NJ 07458-

201-327-9100

P

P



**A. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)



**B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

F001	F002	F003			

**C. Other Wastes.** (State or other wastes requiring an I.D. number. See instructions.)

--	--	--	--	--	--

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Scott Fahy

Name and Official Title (type or print)

Scott Fahy, Major, Regulatory Affairs

Date Signed

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA

Department of Transportation  
Washington, D.C. 20590

U.S. DEPARTMENT OF  
TRANSPORTATION  
OFFICE OF  
SAFETY

Form DOT 8700-12 (Rev. 11-30-93)

1. **Project Name:** [REDACTED]

2. **Project Number:** [REDACTED]

3. **Project Location:** [REDACTED]

4. **Project Description:** [REDACTED]

5. **Project Status:** [REDACTED]

6. **Project Dates:** [REDACTED]

7. **Project Budget:** [REDACTED]

8. **Project Personnel:** [REDACTED]

9. **Project Objectives:** [REDACTED]

10. **Project Results:** [REDACTED]

11. **Project Conclusions:** [REDACTED]

12. **Project Recommendations:** [REDACTED]

13. **Project Acknowledgments:** [REDACTED]

14. **Project References:** [REDACTED]

15. **Project Appendix:** [REDACTED]

Project Data					
Project Name	Project Number	Project Location	Project Description	Project Status	Project Dates
Project Budget	Project Personnel	Project Objectives	Project Results	Project Conclusions	Project Recommendations
Project Acknowledgments	Project References	Project Appendix			

16. **Project Summary:** [REDACTED]

17. **Project Details:** [REDACTED]

18. **Project Notes:** [REDACTED]

19. **Project Comments:** [REDACTED]

20. **Project Signatures:** [REDACTED]

21. **Project Dates:** [REDACTED]

22. **Project Budget:** [REDACTED]

23. **Project Personnel:** [REDACTED]

24. **Project Objectives:** [REDACTED]

25. **Project Results:** [REDACTED]

26. **Project Conclusions:** [REDACTED]

27. **Project Recommendations:** [REDACTED]

28. **Project Acknowledgments:** [REDACTED]

29. **Project References:** [REDACTED]

30. **Project Appendix:** [REDACTED]

# NJ VHI/RCRIS COMPLIANCE, MONITORING AND ENFORCEMENT LOG (CMEL)

DATE SUBMITTED: 2/14/94 REGION: M ADD ☒ CHANGE ☐ DELETE ☐

EPA ID NUMBER: NJD 986 612 810 IF NON-NOTIFIER CHECK HERE: ☐

FACILITY NAME: The Texwipe Company CONTACT: Mr. Scott Fahy

PHONE: (201) 327-9100 STREET: 650 E. Crescent Avenue

COUNTY/MUNIC. CODE: 02726

CITY: Upper Saddle River STATE: NJ ZIP: 07458

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

CORP. NAME: \_\_\_\_\_ CORP. STREET: \_\_\_\_\_

CORP. CITY: \_\_\_\_\_ CORP. STATE: \_\_\_\_\_ CORP. ZIP: \_\_\_\_\_

CORP. PHONE: ( ) \_\_\_\_\_ CORP. CONTACT: \_\_\_\_\_

FILE NUMBER:      -      -      -     

MAILING NAME: The Texwipe Company TELEPHONE: 201-327-9100

MAILING CONTACT: Mr. Scott Fahy CONTACT TITLE: Mgr. Regulatory Affairs

MAILING STREET: 650 E. Crescent Ave. ADD'L ADDRESS: PO Box 575

MAILING CITY: Upper Saddle River MAILING STATE: NJ MAILING ZIP: 07458

INITIAL INSPECTION DATE: 2/10/94 DATE NOV ISSUED: 2/10/94 FEE: (Y/N)

FED. REGULATED: (Y/N) SCHED. COMP. DATE: 3/14/94

INSPECTOR'S NAME: Dotterweich/LUST DATE COMP. ATTAINED: \_\_\_\_\_

REG. STATUS CODE: 01 EVAL. TYPE CODE: 01 GRANT CODE: 01

RCRIS EVALUATION TYPE: CEI RCRIS REASON CODE:      MULTIMEDIA: (Y/N)

FOLLOWUP INSPECTION DATE:      /      /      INSPECTOR'S NAME: \_\_\_\_\_

EVALUATION TYPE CODE:      GRANT CODE:      FOLLOWUP FEE: (Y/N)

RCRIS EVALUATION TYPE:     

GW CLO \$\$\$ PTB SCH MNF LDB OTH

CLASS OF VIOLATION	I*						0		0	X=VIOLATION
	I						0	P	X	O=NO VIOLATION
	II						0		0	P=PENDING

(9 = I\*)

	EVALUAT	VIOLATION		EVALUAT	VIOLATION		EVALUAT	VIOLATION
GER	E NE NA	O P 9 1 2	TMR	E NE NA	O P 9 1 2	DPB	E NE NA	O P 9 1 2
GMR	E NE NA	O P 9 1 2	TLB	E NE NA	O P 9 1 2	DFR	E NE NA	O P 9 1 2
GLB	E NE NA	O P 9 1 2	DOT	E NE NA	O P 9 1 2	DCL	E NE NA	O P 9 1 2
TPI	E NE NA	O P 9 1 2	DMR	E NE NA	O P 9 1 2	DGW	E NE NA	O P 9 1 2
TRI	E NE NA	O P 9 1 2	DLB	E NE NA	O P 9 1 2	DIN	E NE NA	O P 9 1 2

COMMENTS: \_\_\_\_\_

NOTE: \* EPA WILL ASSUME A "120" WAS ISSUED WHEN THIS FIELD IS COMPLETED

(✓) INITIAL ( ) FOLLOW-UP

EPA ID # ND986612810 FACILITY NAME The Texwipe Company

Violation Code 9.3(d)4 Class (I or II) I High Violator Priority (Y or N)  
Summons Number DHWM: \_\_\_\_\_ Date issued \_\_\_\_\_ Court Date \_\_\_\_\_  
DOCKET #: \_\_\_\_\_ Summons Status code \_\_\_\_\_ Penalty collected: \$ \_\_\_\_\_  
Date resolved \_\_\_\_\_ FINDINGS: (G/NG) \_\_\_\_\_

Violation Code 9.3(a)3 Class (I or II) I High Violator Priority (Y or N)  
Summons Number DHWM: \_\_\_\_\_ Date issued \_\_\_\_\_ Court Date \_\_\_\_\_  
DOCKET #: \_\_\_\_\_ Summons Status code \_\_\_\_\_ Penalty collected: \$ \_\_\_\_\_  
Date resolved \_\_\_\_\_ FINDINGS: (G/NG) \_\_\_\_\_

Violation Code 9.7(a) Class (I or II) I High Violator Priority (Y or N)  
Summons Number DHWM: \_\_\_\_\_ Date issued \_\_\_\_\_ Court Date \_\_\_\_\_  
DOCKET #: \_\_\_\_\_ Summons Status code \_\_\_\_\_ Penalty collected: \$ \_\_\_\_\_  
Date resolved \_\_\_\_\_ FINDINGS: (G/NG) \_\_\_\_\_

Violation Code 9.6(f)3 Class (I or II) I High Violator Priority (Y or N)  
Summons Number DHWM: \_\_\_\_\_ Date issued \_\_\_\_\_ Court Date \_\_\_\_\_  
DOCKET #: \_\_\_\_\_ Summons Status code \_\_\_\_\_ Penalty collected: \$ \_\_\_\_\_  
Date resolved \_\_\_\_\_ FINDINGS: (G/NG) \_\_\_\_\_

Violation Code 9.6(f)4 Class (I or II) I High Violator Priority (Y or N)  
Summons Number DHWM: \_\_\_\_\_ Date issued \_\_\_\_\_ Court Date \_\_\_\_\_  
DOCKET #: \_\_\_\_\_ Summons Status code \_\_\_\_\_ Penalty collected: \$ \_\_\_\_\_  
Date resolved \_\_\_\_\_ FINDINGS: (G/NG) \_\_\_\_\_

Violation Code \_\_\_\_\_ Class (I or II) \_\_\_\_\_ High Violator Priority (Y or N) \_\_\_\_\_  
Summons Number DHWM: \_\_\_\_\_ Date issued \_\_\_\_\_ Court Date \_\_\_\_\_  
DOCKET #: \_\_\_\_\_ Summons Status code \_\_\_\_\_ Penalty collected: \$ \_\_\_\_\_  
Date resolved \_\_\_\_\_ FINDINGS: (G/NG) \_\_\_\_\_

Violation Code \_\_\_\_\_ Class (I or II) \_\_\_\_\_ High Violator Priority (Y or N) \_\_\_\_\_  
Summons Number DHWM: \_\_\_\_\_ Date issued \_\_\_\_\_ Court Date \_\_\_\_\_  
DOCKET #: \_\_\_\_\_ Summons Status code \_\_\_\_\_ Penalty collected: \$ \_\_\_\_\_  
Date resolved \_\_\_\_\_ FINDINGS: (G/NG) \_\_\_\_\_

Violation Code \_\_\_\_\_ Class (I or II) \_\_\_\_\_ High Violator Priority (Y or N) \_\_\_\_\_  
Summons Number DHWM: \_\_\_\_\_ Date issued \_\_\_\_\_ Court Date \_\_\_\_\_  
DOCKET #: \_\_\_\_\_ Summons Status code \_\_\_\_\_ Penalty collected: \$ \_\_\_\_\_  
Date resolved \_\_\_\_\_ FINDINGS: (G/NG) \_\_\_\_\_

Violation Code \_\_\_\_\_ Class (I or II) \_\_\_\_\_ High Violator Priority (Y or N) \_\_\_\_\_  
Summons Number DHWM: \_\_\_\_\_ Date issued \_\_\_\_\_ Court Date \_\_\_\_\_  
DOCKET #: \_\_\_\_\_ Summons Status code \_\_\_\_\_ Penalty collected: \$ \_\_\_\_\_  
Date resolved \_\_\_\_\_ FINDINGS: (G/NG) \_\_\_\_\_

REMARKS: \_\_\_\_\_

FILE # : \_\_\_\_\_

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
& ENERGY

DIVISION OF FACILITY WIDE ENFORCEMENT

BUREAU: M

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: The Texwipe Company  
EPA ID NUMBER: NJD 986612810 CASE NUMBER: \_\_\_\_\_  
STREET ADDRESS: 650 East Crescent Avenue  
MUNICIPALITY: U. Saddle River ZIP: 07458 COUNTY: Bergen  
MAILING ADDRESS: The Texwipe Company 650 East Crescent  
(if different) Avenue, PO Box 575, Upper Saddle River, NJ 07458  
BILLING ADDRESS: \_\_\_\_\_  
(if different)

TELEPHONE # 201-327-9100 FAX # 201-327-5945

BLOCK : \_\_\_\_\_ LOT : \_\_\_\_\_

FACILITY PERSONNEL: Scott Faky - Mgr. Environmental,  
(name & title) Health and Safety regulatory affairs

INSPECTION DATE: 2/10/94

INSPECTOR'S NAME & TITLE: John Dotterweich - Sr. Environmental  
Specialist / Matt Lust - Environ. Specialist Trainee

OTHER STATE/EPA PERSONNEL: \_\_\_\_\_

REPORT PREPARED BY: Dotterweich / LUST

REVIEWED BY: [Signature] DATE OF REVIEW: 3/16/94  
DFWE 29 REV. 2/22/93

New Jersey Department of Environmental Protection and Energy  
Division of Facility Wide Enforcement  
Metro Bureau of Water & Hazardous Waste Enforcement  
2 Babcock Place, West Orange, N.J. 07052  
(201) 669-3900



NOTICE OF VIOLATION

ID NO. NTD 9866/2810

DATE Feb 10, 1994

NAME OF FACILITY The Texwipe Company

LOCATION OF FACILITY 650 E. Crescent Ave Upper Saddle River

NAME OF OPERATOR Scott Fahy / Manager, Environmental, Health and Safety Regulatory Affairs

You are hereby NOTIFIED that during my inspection of your facility on the above date, the following alleged violation(s) of the Solid Waste Management Act, (N.J.S.A. 13:1E-1 et seq.) and Regulations (N.J.A.C. 7:26-1 et seq.) promulgated thereunder were observed. These violation(s) have been recorded as part of the permanent enforcement history of your facility.

DESCRIPTION OF VIOLATION 1) 9.3(d) 4 - Satellite Accum. containers not marked with "Hazardous Waste" 2) 9.3(a) 3 - Containers not marked with accumulation start date or "Hazardous Waste" 3) 9.7(a) - no written contingency plan. 4) 9.6(f) 3 - no agreement with emergency response contractor. 5) 9.6(f) 4 - failure to familiarize local hospital(s) with the properties of hazardous waste handled at the facility.

Remedial action to correct these violations must be initiated immediately and be completed by

March 14, 1994 Within fifteen (15) days of receipt of this Notice of Violation, you shall submit in writing, to the investigator issuing this notice at the above address, the corrective measures you have taken to attain compliance. The issuance of this document serves as notice to you that a violation has occurred and does not preclude the State of New Jersey, or any of its agencies from initiating further administrative or legal action, or from assessing penalties, with respect to this or other violations. Violations of these regulations are punishable by penalties of up to \$50,000 per violation.

Scott Fahy  
Facility Receipt of Copy Only

Matthew G. Lust  
Investigator, Division of Facility Wide Enforcement  
Department of Environmental Protection & Energy  
Matthew G. Lust

INSPECTION DATE(S): 2/10/94  
 TIME IN: 11:40 AM  
 TIME OUT: 2:30 PM

PHOTOS TAKEN: YES ( ) NO ( ☒ ) QUANTITY ( ) ATTACH  
 PHOTO LOG

SAMPLES TAKEN: YES ( ) NO ( ☒ ) HOW MANY ( ) ATTACH  
 SAMPLE LOG

### SITE BACKGROUND INFORMATION

# EMPLOYEES: 120 (45/ab) SHIFTS/WEEK: 2/6 days

DATE OPERATIONS BEGUN: 1981 SIC CODE: 2819

# ACRES: 10 # OF BUILDINGS/SQFT: 1

PRODUCTS PRODUCED: Cleaning products

PREVIOUS OPERATIONS AT SITE: NONE

WATER SUPPLY- PUBLIC: ☒ PRIVATE WELL: ☐

SOLID WASTE DISPOSAL: NONE

FLOOR DRAINS: NONE

DRAINS CONNECTED TO- POTW: N.W. Bergen SEPTIC SYSTEM: ☐

MONITORING WELLS: NONE

NON-HW. TANKS ON SITE: 1 UST 1500 gal - IPA

AIR PERMITS: 1

NJPDES PERMITS: NONE

OTHER PERMITS: UST Tank fuel #0027001 1000 gal



On February 10, 1994, John Dotterweich and I performed a RCRA inspection at The Texwipe Company (Texwipe) which is located at 650 East Crescent Avenue, Upper Saddle River, NJ, with EPA ID# NJD986612810. We met with Mr. Scott Fahy Manager, Environmental, Health and Safety Regulatory Affairs. Texwipe has no prior RCRA history.

Mr. Fahy informed us that Texwipe is a producer of cleaning products and cleaning kits for use in cleaning Personal Computers (PCs) and PC boards. These kits are sold mainly to computer companies, maintenance personnel, and retailers. These kits can consist of presaturated pads containing a chlorinated solvent (1,1,1-TCE), aerosol sprays containing solvents, or pump sprays containing solvents.

The kit assembly is performed as follows: For presaturated pads, Texwipe's sister company in North Carolina will send cloth pads in rolls, which will then be cut into the needed size. These pads are then soaked in 1,1,1-Trichloroethane, then placed into a pre-printed/pre-glued foil packaging which is heat sealed. No Hazardous Waste is generated from this step, unless off-spec TCE is discarded or sent out as lab pack material. For the spray bottles, Mr. Fahy informed us that these products consist mainly of Isopropyl Alcohol (IPA), with other ingredients added according to a specific recipe. The IPA is pumped from a 1500 gallon UST via a gas pump style hose, into a 55 gallon drum. Other chemicals such as glycol ether, ammonia, etc. are then

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added into the 55 gallon drum, and mixed with an air powered Lightening Mixer. This drum is then brought to a bottle filling station, where the cleaning solution is pumped from the drum to the station's reservoir, then through a filter which screens out any solids, and finally into a bottle. The aerosol station is set up in essentially the same manner, but the contents are put under pressure before packaging. This process also produces no regular Hazardous Waste stream, except for the occasional spill when bottles are filled. Mr. Fahy stated that if anything is spilled, it is in ounce amounts, and this is absorbed with speedy-dri and disposed according to it's Hazardous Waste properties. He also stated that due to the high alcohol content of this solution (about 90% IPA) any small spills usually evaporate quickly.

Texwipe maintains one QA/QC lab on site. This area also produces no regular Hazardous Waste stream. Any Hazardous Waste that would be generated from this area would consist of lab pack materials from lab cleanouts, the rejection of off spec material, or small amounts of chemicals needed for routine QA/QC work.

Mr. Fahy accompanied us on the facility tour which brought us through Texwipe's QA/QC lab, manufacturing areas, and packaging department. In the QA/QC lab, Texwipe maintains a satellite accumulation area for any Hazardous Waste generated. Inspection of this area revealed six (6) - five (5) gallon pails of Hazardous Waste. Specifically, there were three (3) pails of

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D001 waste alcohol, one (1) pail of F005 waste MEK/ink, and two (2) pails of U226 waste 1,1,1-TCE. Mr. Fahy informed us that the F005 waste MEK/ink is from a printer which was used to make labels. Mr. Fahy stated that this printer is no longer used. Texwipe will no longer generate this waste stream. All containers were cited for not being marked with the words "Hazardous Waste" (9.3(d)4). None of these containers were full at the time of inspection.

Next, the packaging department was inspected. In this area, Texwipe maintains it's less than 90 day storage area. This area contained one (1) 55 gallon drum consisting of two (2) overpacked five (5) gallon pails (D001) from the QA/QC lab. This container was cited for not being marked with accumulation start date or with the words "Hazardous Waste" (9.3(a)3). Inspection of Texwipe's manufacturing area revealed no violations.

Next, the company's manifests were reviewed, with no violations found. Review of other required RCRA documents however, revealed several deficiencies. Specifically, Texwipe failed to: have a written contingency plan (9.7(a)), have an agreement with an emergency response contractor (9.6(f)3), or familiarize local hospitals with the properties of Hazardous Waste handled at the facility (9.6(f)4). For the above violations, Mr. Fahy was given an HOV with a compliance date of March 14, 1994. No referral to EPA is needed for LDR violations. Overall, Texwipe's housekeeping was found to be excellent.

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### MANIFESTS REVIEWED

Manifests reviewed from 4/27/92 through 5/18/93

Number of manifests in compliance:

Number of manifests NOT in compliance:

**Total number of manifests reviewed:**

According to the manifests, does the facility import or export any waste?

YES        NO ✓

(if yes, complete the import/export section of this report)

List manifest document numbers of those manifests not in compliance and note each deficiency.

Attach copies of manifests which have deficiencies.

[illegible]

add additional pages as needed

GENERATOR INDEX

CHECK THE SECTIONS AND ACTIVITIES OF THIS REPORT WHICH ARE APPLICABLE TO THE FACILITY AND COMPLETE THOSE SECTIONS FOR THIS INSPECTION.

GENERATOR WASTE MANAGEMENT PRACTICES

<u>#</u>	<u>SECTION</u>	<u>PAGE</u>
1.	WASTE DETERMINATION	7. ✓
2.	GENERATOR STATUS	8. ✓
3.	SATELLITE STORAGE AREAS	9. ✓
4.	< 90 DAY CONTAINER STORAGE AREAS	10. ✓
5.	WASTE OIL USAGE	11. NA
6.	< 90 DAY ABOVE GROUND TANKS STORAGE AREAS	12. NA
7.	WASTE MANAGEMENT PRACTICES	13. ✓
8.	GENERATOR MANIFESTS	14. ✓
9.	EXPORTING HAZARDOUS WASTE	16. NA
10.	CONTINGENCY PLAN & EMERGENCY PROCEOURES	17. ✓
11.	PERSONNEL TRAINING	19. ✓
12.	PREPAREDNESS & PREVENTION	21. ✓
13.	"WASTE WATER TREATMENT UNIT" QUALIFICATION	23. NA

SECTION 1.WASTE DETERMINATION:

	YES	NO
<u>DOES</u> the facility generate "solid waste".	<u>✓</u>	_____
<u>DOES</u> the facility generate a "hazardous waste".	<u>✓</u>	_____
IS THE FACILITY CORRECTLY CLASSIFYING ITS WASTES?	<u>✓</u>	_____

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

8.5(a) Generator failed to determine  
if its "solid waste" is hazardous? \_\_\_\_\_

7.4(x) Generator FAILED to properly classify  
its waste according to the "Hierarchy". \_\_\_\_\_

COMMENTS

SECTION 2.

### GENERATOR STATUS

**YES NO**

Does the generator generate/accumulate >100 kg of hazardous waste (1kg acutely) or greater than 100l gal of listed waste oil in any calendar month?  
(except x725 - 100 kg rule applies)

**IF YES,**

7.4(a)1 Does the Generator have an EPA ID number.

☒                                          

IF THE GENERATOR IS A SQG.,

Does the generator wish to deactivate his EPA ID. number?

100

**COMMENTS**

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SECTION 1.SATELLITE ACCUMULATION AREAS

IS THE FACILITY IN COMPLIANCE WITH THE  
SATELLITE ACCUMULATION REGULATIONS?

YES NO



IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

9.3(d)1 Quantity of waste EXCEEDS 55 gal. or  
1 qt. of acutely hazardous waste.

9.3(d)2 Containers FAIL to:

Meet the standards of 7.2  
(Container Requirements).

Poor or leaking container.

Container made of incompatible material.

Container not kept securely closed.

9.3(d)3 Accumulation area is:

NOT at or near a point of generation.

NOT under the control of the operator.

9.3(d)4 Containers are NOT marked  
"Hazardous waste".



9.3(d)5 Containers NOT marked with date  
when filled.

9.3(d)6 Containers were NOT moved from  
satellite area within three days.

COMMENTS

SECTION 4.GENERATOR CONTAINER STORAGE AREAS

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE  
GENERATOR STORAGE REGULATIONS?\_\_\_\_ ✓

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

7.2(a)	<u>NO</u> manifest number on containers ready for disposal.	_____
7.2(b)	Containers <u>FAILED</u> to meet DOT regulations. (49 CFR 171,179)	_____
9.3(a)2	Waste <u>ACCUMULATED</u> OVER 90 DAYS.	_____
9.3(a)3	Containers <u>NOT</u> marked with accumulation start date or "Hazardous Waste".	<u>✓</u>
9.4(d)1i	Containers <u>NOT</u> of adequate construction.	_____
9.4(d)1ii	Closures <u>NOT</u> of sufficient strength.	_____
9.4(d)2	Containers <u>NOT</u> in good condition.	_____
9.4(d)3	Containers <u>NOT</u> compatible with waste.	_____
9.4(d)4i	Containers <u>NOT</u> kept closed.	_____
9.4(d)4ii	Containers <u>NOT</u> properly handled.	_____
9.4(d)4iv	Hazardous wastes <u>NOT</u> segregated.	_____
9.4(d)4v	ID Labels <u>NOT</u> visible.	_____
9.4(d)5	Accumulation area <u>NOT</u> inspected daily.	_____
9.4(d)6	Containers of ignitable and reactive wastes are <u>NOT</u> located at least 50 feet from the facility's property line.	_____
9.6(d)	Access to communication or alarm system is <u>NOT</u> maintained.	_____
9.6(e)	<u>INADEQUATE</u> aisle space.	_____

SECTION 3WASTE OIL

YES NO

N/A

IS THE FACILITY IN COMPLIANCE WITH THE  
WASTE OIL STORAGE REGULATIONS?

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

The generator ONLY generates or accumulates less  
than 1001 gals. of waste oil per month and:

7.7(d) Generator FAILED to obtain receipts  
and retain them for three years.

9.2(b) If under ground tanks are used to  
store waste oil, the generator  
is NOT a:

1. New commercial service  
station waste oil tanks  
of <1001 gal capacity\*

or does NOT:

2. Use underground tanks in  
existence and in use for  
Hazardous Waste storage  
prior to 1/17/83.

NOTE: If the generator accumulates over 100 kg of  
hazardous waste and <1001 gal of waste oil,  
he must manifest off the waste oil but does  
not have to comply with subchapter 9 require-  
ments for waste oil. If the generator accum-  
ulates >1001 gal of waste oil in any given  
month he MUST be in compliance with ALL  
generator requirements.

COMMENTS:

SECTION 6.ABOVE GROUND TANKS

IS THE FACILITY IN COMPLIANCE WITH THE ABOVE  
GROUND <90 DAY STORAGE TANK REGULATIONS?

YES NO

N/A

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

If the generator stores hazardous waste in an above ground  
tank for <90 days, the generator FAILED to:

- 9.3(b) Have a letter of approval? \_\_\_\_\_
- 9.3(b)2 Have overfilling controls? \_\_\_\_\_
- 9.3(b)3 Have secondary containment? \_\_\_\_\_
- 9.3(b)4 Insure that 99% of the tank can be  
emptied? \_\_\_\_\_
- 9.3(b)5 Empty the tank every 90 days? \_\_\_\_\_
- 9.3(b)6 All wastes removed from the tank(s)  
to authorized facility? \_\_\_\_\_
- 9.3(b)8 If part of the tank is below grade, all  
of the tank cannot be visually inspected. \_\_\_\_\_
- 9.3(b)9 The tank is not labeled with the  
words "HAZARDOUS WASTE". \_\_\_\_\_

COMMENTS

SECTION 7.  
WASTE MANAGEMENT

IS THE FACILITY IN COMPLIANCE WITH THE WASTE  
MANAGEMENT REGULATIONS?

YES NO

☒ ☐

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

12.1(a) Generator IS ACTING as a TSDR by:

1. Treating hazardous waste. \_\_\_\_\_
2. Storing hazardous waste. \_\_\_\_\_
3. Disposing of hazardous waste on  
site? \_\_\_\_\_

9.3(a)1 The generator FAILS to ship hazardous  
waste off site within 90 days. \_\_\_\_\_

9.2(a)2 Hazardous waste IS handled in a manner  
which causes or may cause a spill. \_\_\_\_\_

N.J.S.A. 58:10-23.11(c)

Discharge of a hazardous substance. \_\_\_\_\_

N.J.S.A. 58:10-23.11(e)

Failure to report the discharge. \_\_\_\_\_

IF THE FACILITY IS ACTING AS A TSDR, COMPLETE THE TSD  
REPORT.

COMMENTS:

SECTION B.  
GENERATOR MANIFESTS

	YES	NO
IS THE FACILITY IN COMPLIANCE WITH THE GENERATOR MANIFEST REGULATIONS?	✓	

- 7.4(e)2 Generator FAILED to use a registered Transporter. \_\_\_\_\_
- 7.4(e)3 Generator FAILED to designate an authorized TSD or reuse facility. \_\_\_\_\_
- 7.4(e)4 Generator FAILED to utilize an authorized TSD. \_\_\_\_\_
- 7.4(f) Generator FAILED to maintain the following facility records for three (3) years:
- 7.4(f)1 Manifests. \_\_\_\_\_
- 7.4(f)2 Annual and/or exception reports. \_\_\_\_\_
- 7.4(f)3 Generator FAILED to maintain records during the course of unresolved enforcement action or as requested. \_\_\_\_\_
- 7.4(h)1 When the generator has FAILED to receive signed copies of all manifests, he FAILED to notify the TSD or Department within 35 days. \_\_\_\_\_
- 7.4(h)2 Generator FAILED to file exception reports within 45 days. \_\_\_\_\_

## COMMENTS:

SECTION 9.HAZARDOUS WASTE EXPORTATION

YES NO

NA

IS THE FACILITY IN COMPLIANCE WITH THE EXPORT  
REQUIREMENTS OF THE REGULATIONS?

\_\_\_\_\_  
\_\_\_\_\_

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

Generator FAILED to:

- 7.4(b) Notify the EPA of its intent to export. \_\_\_\_\_  
Obtain acknowledgement of consent  
from the receiving country. \_\_\_\_\_
- 7.4(c) Provide the information required in  
N.J.A.C. 7:26-7.4 ET. SEQ. to the EPA. \_\_\_\_\_
- 7.4(c)7 Insure that the acknowledgement is  
attached to each manifest. \_\_\_\_\_
- 7.4(c)8 Deliver a copy of the Manifest to  
Customs at the point of departure? \_\_\_\_\_
- 7.4(g)4 Submit an annual report to the EPA? \_\_\_\_\_

COMMENTS:



SECTION 10.CONTINGENCY PLAN AND EMERGENCY PROCEDURES

YES NO

IS THE FACILITY IN COMPLIANCE WITH THE CONTINGENCY  
PLAN & EMERGENCY PROCEDURES REGULATIONS? ✓

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- |        |                                                                                                                    |               |
|--------|--------------------------------------------------------------------------------------------------------------------|---------------|
| 9.7(a) | <u>NO</u> written contingency plan.                                                                                | <u>✓</u>      |
| 9.7(b) | Generator <u>FAILED</u> to implement the plan in an emergency.                                                     | <u>      </u> |
| 9.7(c) | Plan <u>FAILED</u> to describe the response actions facility personnel and local authorities shall take.           | <u>      </u> |
| 9.7(d) | Generator has a DPCC or SPCC plan, and <u>FAILED</u> to amend that plan to incorporate hazardous waste management. | <u>      </u> |
| 9.7(e) | Plan <u>FAILS</u> to describe arrangements agreed to by local authorities.                                         | <u>      </u> |
| 9.7(f) | Plan <u>FAILS</u> to list names, addresses, and phone numbers (office and home) of emergency coordinators.         | <u>      </u> |
| 9.7(g) | Plan <u>FAILS</u> to include a list, location, AND CAPABILITIES of all emergency equipment.                        | <u>      </u> |
| 9.7(h) | Plan <u>FAILS</u> to describe evacuation procedures, evacuation signal(s) AND routes.                              | <u>      </u> |
| 9.7(i) | Generator <u>FAILED</u> to:                                                                                        | <u>      </u> |
|        | 1. Keep a copy of the plan at the facility.                                                                        | <u>      </u> |
|        | 2. Submit the contingency plan to local authorities.                                                               | <u>      </u> |

9.7(j)

Generator **FAILED** to revise the contingency plan when:

1. Applicable regulations are revised. \_\_\_\_\_
2. The plan fails. \_\_\_\_\_
3. The facility changes. \_\_\_\_\_
4. The Emergency Coordinator changes. \_\_\_\_\_
5. The emergency equipment changes. \_\_\_\_\_

9.7(k)

Emergency coordinator **NOT** available. \_\_\_\_\_

COMMENTS

**SECTION 11.**  
**PERSONNEL TRAINING**

IS THE FACILITY IN COMPLIANCE WITH THE  
PERSONNEL TRAINING REGULATIONS?

YES NO

☒ ☐

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- |            |                                                                                                                                                                                                     |       |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 9.4(g)2    | Training program <u>NOT</u> directed by a person trained in hazardous waste management procedures and, is it <u>NOT</u> designed to ensure that facility personnel are able to respond effectively. | _____ |
| 9.4(g)3    | Program <u>FAILS</u> to include the following response procedures:                                                                                                                                  | _____ |
| 9.4(g)3i   | Use of personnel safety equipment.                                                                                                                                                                  | _____ |
| 9.4(g)3ii  | Procedures for using facility emergency and monitoring equipment.                                                                                                                                   | _____ |
| 9.4(g)3iii | Key parameters for automatic waste feed cut-off systems.                                                                                                                                            | _____ |
| 9.4(g)3iv  | Procedures for utilizing communications or alarm systems.                                                                                                                                           | _____ |
| 9.4(g)3v   | Response procedures for fires & explosions.                                                                                                                                                         | _____ |
| 9.4(g)3vi  | Ground water contamination responds procedures.                                                                                                                                                     | _____ |
| 9.4(g)3vii | Shutdown procedures.                                                                                                                                                                                | _____ |
| 9.4(g)4    | Personnel <u>have NOT</u> successfully completed training within six months of the date of their employment or assignment to a new position at the facility.                                        | _____ |
| 9.4(g)5    | Personnel do <u>NOT</u> take part in an annual review of training.                                                                                                                                  | _____ |
| 9.4(g)6    | <u>NO</u> written documentation of the following:                                                                                                                                                   | _____ |
| 9.4(g)6i   | Job title for each position and the name of the employee filling each job.                                                                                                                          | _____ |

94(9)6ii A written job description.

9.4(g)6iii Description of the training given to personnel.

9.4(g)6iv Documentation of actual training.

9.4(g)7 Training records are NOT kept.

9.4(g)8 Semi-annual drills, involving all employees and local authorities are NOT conducted.

AND,

9.4(g)8i Generator FAILED to petition the Department for an exemption from the drill requirement.

OR

9.4(g)8ii Generator FAILED to petition the Department for an exemption excluding local officials.

**COMMENTS**

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SECTION 12.PREPAREDNESS AND PREVENTION

IS THE FACILITY IN COMPLIANCE WITH THE  
PREPAREDNESS & PREVENTION REGULATIONS?

YES NO

IF NO, CHECK THE ITEMS OF NON COMPLIANCE.

- |         |                                                                                                                                                                                                         |         |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 9.6(b)  | Facility <u>FAILS</u> to have:                                                                                                                                                                          |         |
| 9.6(b)1 | Communications or alarm system.                                                                                                                                                                         | _____   |
| 9.6(b)2 | A telephone or device to summon emergency assistance.                                                                                                                                                   | _____   |
| 9.6(b)3 | Portable emergency equipment.                                                                                                                                                                           | _____   |
| 9.6(b)4 | Adequate Water supply.                                                                                                                                                                                  | _____   |
| 9.6(c)  | Generator <u>FAILED</u> to test and maintain emergency equipment.                                                                                                                                       | _____   |
| 9.6(f)  | Generator <u>FAILED</u> to:                                                                                                                                                                             |         |
| 9.6(f)1 | Familiarize Police, fire departments, and emergency response teams with the layout of the facility, & hazardous waste handled.                                                                          | _____   |
| 9.6(f)2 | Have an agreement designating primary emergency authority to a specific police and fire department where more than one Police and fire department are involved.                                         | _____   |
| 9.6(f)3 | Make agreements with emergency response contractors, and equipment supplier.                                                                                                                            | _____ ✓ |
| 9.6(f)4 | Make arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries result from fires, explosions, or discharges at the facility. | _____ ✓ |
| 9.6(f)5 | Make arrangements with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually.                                                                    | _____   |

9.6(f)5

Document when authorities  
identified in (f)1 through 5  
above declined to enter into  
such arrangements.

COMMENTS:

SECTION 13.WASTE WATER TREATMENT PLANT SLUDGE

FACILITY \_\_\_\_\_

EPA ID. No. \_\_\_\_\_

FILE No. \_\_\_\_\_

DOES THE FACILITY OPERATE A SLUDGE DRYING UNIT? \_\_\_\_\_

IF YES, OBTAIN THE FOLLOWING INFORMATION:

1. "WASTE WATER TREATMENT UNIT" QUALIFICATION PER  
7:14A-4.1

Is the drying unit part of a waste water treatment facility which is subject to regulation under sections 402 or 307(b) of the federal Clean Water Act?

Note: In order to be considered "part of" the facility, the dryer need not be physically connected to the W.W.T. Facility, but must be located at the same site.

Describe the relationship between the dryer and the W.W.T. Facility.

Describe how the sludge is moved from the W.W.T. Facility to the dryer.

Does the drying unit treat a sludge which is generated on-site by the wastewater treatment facility?

Is the sludge to be treated a regulated hazardous waste as defined at N.J.A.C. 7:26-8? \_\_\_\_\_

If yes, what is the waste classification code? \_\_\_\_\_

Does the drying unit meet the definition of a "tank" at N.J.A.C. 7:14A-4.3? \_\_\_\_\_

Note: "Tank" means a stationary device designed to contain an accumulation of hazardous waste and constructed of non-earthen materials which provide the structural strength to totally contain the waste. Dryers that are integrally equipped with feed or discharge hoppers for treatment of sludge in bulk satisfy the definition of "tank". Others not so designed may still be considered tanks on a case-by-case basis.

Provide a physical description of the drying unit.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2. PRIMARY PURPOSE RESTRICTION

Is the primary purpose of the dryer to dehydrate sludge, AND NOT to destroy sludge in order to produce an ash residue. \_\_\_\_\_

## 3. THERMAL INPUT LIMITATION

What is the dryer's maximum volume of sludge that the drying unit can hold? \_\_\_\_\_

What is the heating capacity of the drying unit in kilowatts or BTU/minute? \_\_\_\_\_

What is the maximum drying time? \_\_\_\_\_

What is unit weight of the sludge (lbs/cuft)? \_\_\_\_\_

THIS INFORMATION SHOULD BE SUBMITTED BY THE INSPECTOR TO BHKE FOR A PERMIT EXEMPTION DETERMINATION.



# RCRA LAND DISPOSAL RESTRICTIONS INSPECTION

GENERATOR

## I. General Information

Facility Name: The Texwipe Company  
 U.S. EPA ID#: NJD 9806612810 SIC Code: 2819  
 Street: 650 E. Crescent Avenue  
 City: Upper Saddle River State: NJ Zip: 07458  
 Telephone #: 201-327-9100 Telefax #: 201-327-5945  
 Inspection Date: 2/10/94 Time: 11:40 AM

	Name	Agency/Title	Telephone #
Inspectors:	<u>John Dotterweich</u>	<u>NJDEP Sr. Environ. Specialist</u>	<u>201-664-3900</u>
	<u>Matt Lust</u>	<u>NJDEP/Environ. Spec. Tr.</u>	<u>201-664-3900</u>
Facility Reps*:	<u>Scott Fahy - Manager, Environmental, Health + Safety</u>		
	<u>Regulatory Affairs 201-327-9100 (x 269)</u>		

\* - Primary Environmental Contacts

See Appendix B to determine which of the following LDR waste categories the facility manages:

	Generate	Transport	Treat	Store	Dispose
P001-F005	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P020-F023 & P026-F028	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
California List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Third	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Third	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Third	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WCK/NJDEPE/(4/93)

## INSPECTION SUMMARY

Processes that Generate LDR Wastes: Company produces solvent-based cleaning products.

LDR Waste Management:

Summary of Potential LDR Violations:

Inspector Name and Title: Matthew G. Lust - Environ. Specialist Tr.  
Signature: Matthew G. Lust

## RCRA LAND DISPOSAL RESTRICTIONS INSPECTION

## I. Waste Code Determination

1. Have all wastes been correctly identified for purposes of compliance with 40 CFR Part 268?

Yes ☒ No ☐

If no, list below:

Assigned Classification

Correct Classification

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

2. Have both the listed and characteristic waste code been assigned, where a listed waste exhibits a characteristic? [40 CFR 268.9(a)] :

Yes ☒ No ☐ NA ☐

Comments: \_\_\_\_\_  
 \_\_\_\_\_

3. Has multi-source leachate been assigned the F039 waste code [40 CFR 261.31]?

Yes ☐ No ☐ NA ☒

If yes, was single-source leachate combined to form multi-source leachate [55 FR22623]?

Yes ☐ No ☐

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## II. GENERATOR REQUIREMENTS

## A. Treatability Group/Treatment Standard Identification

1. F001-F005 Spent Solvent Wastes: Does the generator correctly determine the appropriate treatability group/treatment standard (\* wastewater vs. non-wastewater) for each F-solvent?

Yes ☒ No ☐ NA ☐

If No, list below:

Waste Code

Assigned Classification

Correct Classification

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## GENERATOR

\* < 1% by weight total organic carbon (TOC), < 1% by weight total P001-P005 solvent constituents listed in 40 C.F.R. Table CCMT (40 C.F.R. 268.2(f)(2))

2. P020-P023 and P026-P028 Dioxin Wastes: Does the generator correctly determine the appropriate treatability group/treatment standard (wastewater vs. non-wastewater) for each dioxin waste?

Yes \_\_\_\_\_ No \_\_\_\_\_ NA ☒

If no, list below:

Waste Code	Assigned Classification	Correct Classification
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: \_\_\_\_\_

\* < 1% TOC by weight and < 1% total suspended solids (TSS) by weight [40 C.F.R. 268.2(f)]

3. First, Second, and Third Third Wastes:

- a. Does the generator correctly determine the appropriate treatability group/treatment standard for each waste (i.e. subcategory and wastewater vs. non-wastewater)?

Yes ☒ No \_\_\_\_\_ NA \_\_\_\_\_

If no, list below:

Waste Code	Assigned Subcategory	Correct Subcategory	Assigned wastewater vs. nonwastewater designation	Correct wastewater vs. nonwastewater designation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* < 1% TOC by weight and < 1% TSS with the following exceptions: K011, K013, and K014 wastewaters - less than 5% by weight TOC and less than 1% by weight TSS; K103 and K104 wastewaters - less than 4% by weight TOC and less than 1% by weight TSS. [40 C.F.R. 268.2(f)(2) and (3)]

Comments: \_\_\_\_\_

- b. Do the assigned treatment standards for listed wastes cover constituents that may cause the waste to exhibit any characteristics? [40 CFR 268.9(b)]

Yes ☒ No \_\_\_\_\_ NA \_\_\_\_\_

- c. Does the generator specify alternative treatment standards for lab packs?

Yes ☒ No \_\_\_\_\_ NA \_\_\_\_\_

## GENERATOR

If yes, do lab packs only contain the following wastes\* ? [40 CFR 268.42(c)(2)]

☒ Organometallics: 40 Part 268, Appendix IV constituents  
☒ Organics: 40 Part 268, Appendix V constituents

\* Unregulated wastes and hazardous wastes which meet treatment standards may be commingled in the appropriate Appendix IV and V lab pack. [55 FR 22629]

d. Does the generator specify alternative treatment standards for F039 multi-source leachate?

Yes ☐ No ☐ NA ☒

4. California List Wastes: Has the generator correctly identified the treatability group and treatment standard/prohibition level for the following wastes [55 FR 22675] ?

a. Liquid hazardous wastes containing PCB's  $\geq$  50 ppm

Yes ☐ No ☐ NA ☒

If yes, check the appropriate treatability group:

☐ 50 to 500 ppm PCB's

☐  $\geq$  500 ppm PCB's

b. Listed or characteristic wastes containing  $\geq$  1,000 mg/l (liquids) or mg/kg (non-liquids) HOC's, which are not listed or characterized by the HOC content.

Yes ☐ No ☐ NA ☒

If yes, check the appropriate treatability group:

☐ Dilute HOC wastewater (1,000 mg/l-10,000mg/l HOCs)

☐ All other HOC's greater than or equal to the prohibition level of 1,000 mg/l (liquids) or mg/kg (non liquids)

c. Liquid hazardous wastes that exhibit a characteristic and also contain  $\geq$  134 mg/l nickel and/or  $\geq$  130 mg/l thallium.

Yes ☐ No ☐ NA ☒

5. Treatment standards expressed as required technologies: Has the generator specified an alternative method to that required in 40 CFR 268.42?

Yes ☐ No ☐ NA ☒

If yes, list the waste code, the technology specified in 40 CFR 268.42, the alternative method and documentation of approval [40 CFR 268.42(b)].

Waste Code	Required Technology	Alternative Method	Approval
_____	_____	_____	_____
_____	_____	_____	_____

Comments: \_\_\_\_\_

6. Does the generator mix restricted wastes with different treatment standards for a constituent of concern?

Yes \_\_\_\_\_ No ☒ \_\_\_\_\_

If yes, did the generator select the most stringent treatment standards? (40 CFR 268.41(b) and 268.43(b))

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

**B. Waste Analysis**

1. Does the generator determine whether restricted wastes exceed treatment standards/prohibition levels at the point of generation? (268.7(a))

Yes ☒ \_\_\_\_\_ No \_\_\_\_\_

If no, does the generator ship all restricted wastes as not meeting treatment standards?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

2. Which of the following analytical methods does the generator employ?

- a. Knowledge of waste:

Yes ☒ \_\_\_\_\_ No \_\_\_\_\_

If yes, list the wastes for which applied knowledge was used and describe the basis of determination. Attach documentation. (40 CFR 268.7(a)(5))

\_\_\_\_\_

\_\_\_\_\_

- b. TCLP: Are wastes with treatment standards specified in 40 CFR 268.41 analyzed using TCLP? (SDAT=stabilization/immobilization technology) Examples: D004-D011, and F001-F009, etc.

Yes ☒ \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If yes, list the wastes for which TCLP was used and provide the date of last test, the frequency of testing, and note any problems. Attach sample of typical test results (40 CFR 268.7(a)(5)).

\_\_\_\_\_

\_\_\_\_\_

- c. Total constituent analysis: Are wastes with treatment standards specified in 268.43 analyzed using total constituent analysis? (SDAT=destruction/removal technology) Examples: D001-D003, majority of P and U wastes, etc.

Yes ☒ \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

If yes, list the wastes for which total constituent analysis was used and provide the date of last test, the frequency of testing, and note any problems. Attach sample of typical test results (40 CFR 268.7(a)(5)).

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- d. PFLT\* : Was PFLT used to determine if California List constituents were contained in liquid hazardous waste?

Yes ☒ No ☐ NA ☐

\* PFLT = Paint Filter Liquids Test (Test Method 9095, EPA Publication No. SW-846)

If yes, list the wastes for which PFLT was used and provide the date of last test, the frequency of testing, and note any problems. Attach sample of typical test results. (40 C.F.R. 268.7(a)(5))

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3. Does the generator treat restricted wastes in < 90 day tanks or containers regulated under 40 CFR 262.34? (Examples: elementary neutralization, etc)

Yes ☐ No ☒ (If No, go to 4)

Does the generator treat the wastes to meet appropriate treatment standards/prohibition levels?

Yes ☐ No ☐

If yes, has the generator prepared a waste analysis plan detailing the frequency of testing to be conducted? (40 CFR 268.7(a)(4))

Yes ☐ No ☐ (If No, go to 4)

Does the plan fulfill the following? (40 CFR 268.7(a)(4)(i))

☐ Based on a detailed chemical and physical analysis of a representative sample.

☐ Contains information necessary to treat the wastes in accordance with 40 CFR Part 268 requirements.

Has the plan been filed with the Regional Administrator (Receipt required for verification)? (40 CFR 268.7(a)(4)(ii))

Yes ☐ No ☐

Comments: \_\_\_\_\_

4. Dilution Prohibition (40 CFR 268.3):

- a. Does the generator mix prohibited\* wastes with different treatment standards?

Yes ☐ No ☒ (If No, go to b)

List the wastes: \_\_\_\_\_

Are the wastes amenable to the same type of treatment? [55 FR 22666]

Yes \_\_\_\_\_ No \_\_\_\_\_

\* Prohibited wastes must be treated to established treatment standard prior to land disposal.

Comments: \_\_\_\_\_

- b. Does the generator dilute prohibited wastes to meet treatment standard criteria, or render them non-hazardous? [55 FR 22665-22666]

Yes \_\_\_\_\_ No        (If No, go to c)

Check appropriate category:

\_\_\_\_\_ Dilutes to meet treatment standards

\_\_\_\_\_ Dilutes to render waste non-hazardous

Do the wastes fall into the following categories? [40 CFR 268.3(b)]

\_\_\_\_\_ Managed in treatment systems regulated under the Clean Water Act

\_\_\_\_\_ Non-Toxic\* characteristic wastes

\_\_\_\_\_ Treatment standard specified in 40 CFR 268.41 or 268.43

\* Non-toxic = D001 (except high TOC nonwastewaters), D002, and D003 (except cyanides and sulfides). [55 FR 22666]

If the wastes do not fall into the above categories, briefly describe the conditions under which they were diluted:

\_\_\_\_\_

- c. Based on an assessment of points a. and b. and any other relevant circumstances, does the generator dilute prohibited wastes as a substitute for adequate treatment? [40 CFR 268.3(a)]

Yes \_\_\_\_\_ No       

Comments: \_\_\_\_\_

5. FC39 Multi-source leachate: Has the generator run an initial analysis for all constituents of concern in 40 CFR 268.41 and 268.43? [55 FR 22620]

Yes \_\_\_\_\_ No \_\_\_\_\_ NA       

## C. Management

## 1. On-Site Management

- a. Are restricted wastes treated (other than in a RCRA exempt unit), stored for greater than 90 days, or disposed on site?

Yes \_\_\_\_\_ No        (If yes, complete TSD Checklist)



Comments: \_\_\_\_\_

- b. If the generator treats characteristic wastes in systems regulated under the Clean Water Act, have the following been documented: the determination of restriction, how restricted wastes are managed, and why wastes discharged pursuant to a NJPDES permit are not prohibited (if applicable)? [55FR 22662]

Yes \_\_\_\_\_ No \_\_\_\_\_ NA       

- c. If the generator treats characteristic wastes in RCRA exempt units to render them non-hazardous, are the wastes managed as restricted until 40 CFR 268 treatment standards are met\*? [40 CFR 268.9(d)]

Yes \_\_\_\_\_ No \_\_\_\_\_ NA       

\* This applies to both concentration based treatment standards specified in 40 CFR 268.41 and 268.43, and to some 40 C.F.R. 268.42 required methods which result in treatment below the characteristic level. See Appendix D.

## 2. Off Site Management: Waste Exceeds Treatment Standards

- a. Does the generator ship any waste that exceeds treatment standards/prohibition levels to an off-site treatment or storage facility?

Yes        No \_\_\_\_\_ (If No, go to 3)

Does the generator provide a notification to the treatment or storage facility? [40 CFR 268.7(a)(3)]

Yes        No \_\_\_\_\_ (If No, go to 3)

If the generator specifies alternative treatment standards for lab packs, is the certification required in 40 CFR 268.7(a)(7) or (8) included with the notification?

Yes        No \_\_\_\_\_ NA \_\_\_\_\_

- b. Is a notification sent with each waste shipment?

Yes        No \_\_\_\_\_

If no, is the waste subject to a tolling agreement pursuant to 262.20(e) [SQG only]\*?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If No, go to 3)

\* Small quantity generator = generator of greater than or equal to 100 kg/month but less than 1,000 kg/month hazardous waste, or less than 1 kg/month of acutely hazardous waste. (NJ criteria = <100 kg/month of hazardous waste or <1 kg/month of acutely hazardous waste)

List waste codes and subsequent handler with whom a contractual tolling agreement is held.

Waste Code	Subsequent Handler	Waste Code	Subsequent Handler
_____	_____	_____	_____

Did the SQG provide a notification to the receiving facility with the first waste shipment subject to the tolling agreement [40 CFR 268.7(a)(9)]?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Off-Site Management: Waste Meets Treatment Standards

- a. Does the generator ship waste that meets treatment standards/prohibition levels to an off-site disposal facility?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If No, go to 4)

Identify waste code(s) and off-site disposal facilities:

Waste Code	Receiving Facility
_____	_____
_____	_____

Note: Include documentation supporting the generator's determination that the waste meets applicable treatment standards/prohibition levels.

Does the generator provide a notification and certification to the disposal facility? [40 CFR 268.7(a)(2)(i) and 268.7(a)(2)(ii)]

Yes \_\_\_\_\_ No \_\_\_\_\_ (If No, go to D)

- b. Are a notification and certification sent with each waste shipment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, is the waste subject to a tolling agreement pursuant to 262.20(e)? (SQG only)

Yes \_\_\_\_\_ No \_\_\_\_\_ (If No, go to c)

List waste codes and subsequent handler with whom a contractual tolling agreement is held.

Waste Code	Subsequent Handler	Waste Code	Subsequent Handler
_____	_____	_____	_____

Did the SQG provide a notification and certification to the receiving facility with the first waste shipment subject to the tolling agreement? [40 CFR 268.7(a)(9)]

Yes \_\_\_\_\_ No \_\_\_\_\_

- c. Are characteristic wastes which have been rendered non-hazardous (in a RCRA exempt unit) shipped to a Subtitle D facility?

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_ (If No or NA, go to 4)

Complete the following table:

Waste Code	Receiving Facility	Waste Code	Receiving Facility
_____	_____	_____	_____

## GENERATOR:

Are a notification and certification for each shipment sent to the Regional Administrator or authorized State? [40 CFR 268.9(d)(1) and 268.7(b)(5)]

Yes \_\_\_\_\_ No \_\_\_\_\_

## 4. Records Retention

Does the generator retain on site copies of all notifications, certifications, and other relevant documents for a period of 5 years? [40 CFR 268.7(a)(6)]

Yes   /   No \_\_\_\_\_

Are copies of relevant tolling agreements, along with the LDR notification and/or certification, kept on site for at least 3 years after expiration or termination of the agreement? [40 CFR 268.9]

Yes \_\_\_\_\_ No \_\_\_\_\_ NA   /  

Do LDR documents reflect proper management of wastes previously covered under case by case extensions?

Yes \_\_\_\_\_ No \_\_\_\_\_ NA   /  

Comments: \_\_\_\_\_

## D. Treatment Using RCRA 40 CFR Parts 264 and 265 Exempt Units or Processes

1. Are restricted wastes treated in RCRA exempt units (distillation unit, wastewater treatment tanks, elementary neutralization, etc.)?

Yes \_\_\_\_\_ No   /   (If No, do not complete this section)

List types of waste treatment units and processes:

Waste Code	Type of Treatment	Treatment units and processes
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Are treatment residuals generated from these units?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

3. Are residuals further treated, stored for greater than 90 days, or disposed on site?

Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

(If yes, the TSD checklist must be completed)

# Waste Minimization Checklist

## GENERATOR CHECKLIST

### Manifest

#### General 262.20

YES NO N/A

Does the generator, offer for transportation, hazardous waste for off-site treatment/disposal?  
If yes, proceed to next question.  
If no, proceed to 264.75/265.75.

☒ ☐ ☐

#### 262.23

Does the generator sign the manifest certification which states;

☒ ☐ ☐

"If I am a large quantity generator, I have a program in place to reduce the volume and toxicity of the waste generated to the degree I have determined to be economically practical and that I have selected the practical method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford."

Does the generator have a written Waste Minimization Plan?

☐ ☒ ☐

If no, is the generator able to describe his plan orally?

☒ ☐ ☐

#### COMMENTS:

(Explain in this space the areas that visually show evidence that a program is in place and is being implemented)

Trying to change lab practices to minimize any wastes generated but due to nature of wastes manifested, this is not always feasible.

# ANNUAL/BIENNIAL REPORT

262.41

YES NO N/A

Has the generator submitted Annual (AR) or Biennial reports (BER) to the appropriate regulatory agency?

✓

—

—

The inspector should review these reports prior to the inspection (see above), and should try to verify the information in the report during his/her site inspection. The following questions should be addressed during the inspection.

262.56(a)(5)

Does the BER or AR include the efforts undertaken during the year to reduce the volume of toxicity of the wastes generated?

✓

—

—

Does the BER or AR include a description of the changes in volume and toxicity of the wastes actually achieved during the year in comparison to previous years?

✓

—

—

Do these efforts match the information contained in the generator's written or verbally described waste minimization program?

✓

—

—

Is the BER or AR certification signed by the generator or authorized representative?

✓

—

—

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 14, 2014 - 2:39 PM

Version 5.0

## User Selection Criteria

<b>Location:</b>	New Jersey, all activities	<b>Activity Location:</b>	None Chosen
<b>Handler ID:</b>	NJD988612810	<b>Group of IDs:</b>	None Chosen
<b>Handler Name:</b>			
<b>Handler Universe:</b>	All Facilities Regardless of Universe		
<b>Determined Date Range:</b>	From: 10/01/1980 To: 01/14/2014		
<b>Location County Code:</b>	None Chosen	<b>Evaluation Type:</b>	
<b>Location City:</b>		<b>Focus Area:</b>	
<b>Location Zip Code:</b>		<b>Violation Type:</b>	
<b>State District:</b>	None Chosen	<b>Display Code Descrip.:</b>	Yes
<b>Sort Order:</b>	Region, State, Handler Name	<b>Display Universes:</b>	Yes

## Results

Data meeting the criteria you selected follows.

Total Pages:4      Total Handlers:1

## Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

## Report Information

**Name:** cme\_foia.rdl  
**Developed by:** EPA Headquarters, Office of Enforcement and Compliance Assurance  
**Deployed:** June 2006  
**Last Updated:** May 2012  
**Contact:** rcrainfo.help@epa.gov  
**Tables Used:** cmecomp3, ccitation3, hreport\_univ5, lu\_citation, lu\_state, hid\_groups  
**Libraries:** none

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 14, 2014 - 2:39 PM

Page 2

IT W TEXWIPE

Location: 650 E CRESCENT AVE, UPPER SADDLE RIVER, NJ 07458

Mailing: PO BOX 575, UPPER SADDLE RIVER, NJ 07458

County Name / Code: BERGEN / NJ003

NJD986612810

REGION 02

Activity Location: NJ		State District: NORTHERN		Accessibility:		Non-Notified:		Extract Flag: Y		Active Site: Y	
Generator:	Short-Term Gen: N	CEG	Transporter: N	Operating TSDF: Offsite Receiver: N	IC In Place: HSM: N	EPA Unaddressed SNC: N	EPA Addressed SNC: N	EPA SNC w/Comp Sched: N	El Indicator (HE / GW)N / N	Subpart K: N	
Full Enforcement:	CA Withd: N	N	State TSDF: N	State Unaddressed SNC: N	State Addressed SNC: N	State SNC w/Comp Sched: N					
Active State Gen: N											

Activity Location: NJ

Type: 262.A

Determined Date: 02/10/1994

Actual Compliance Date: 03/23/1994

Responsible Agency: State

Sequence Number: 1

FIR Evaluation

03/23/1994

Activity Location: NJ

By: State

Identified: 000

Person: NJML

Branch: M

Found Violation: YES

Focus Area:

CSE Evaluation

03/14/1994

Activity Location: NJ

By: State

Identified: 000

Person: NJUD

Branch: M

Found Violation: YES

Focus Area:

CEI Evaluation

02/10/1994

Activity Location: NJ

By: State

Identified: 000

Person: NJUD

Branch: M

Found Violation: YES

Focus Area:

Enforcement:

Activity Location: NJ

Type: 120

Agency: State

Action Date: 02/10/1994

Responsible Person: NJUD

Identified: 000

Branch: M

Appeal Initialed:

Appeal Resolved:

Evaluations With No Violations:

C01 Evaluation

11/01/2005

Activity Location: NJ

By: State

Identified: 001

Person: NOMM

Branch: N

Found Violation: NO

Focus Area:

Citizen Complaint: NO

Multimedia Inspection: NO

Sampling: NO

Not Subtitle C: NO

Day Zero:

Total Number of Handlers:

1

Total Number of Activity Locations:

1

\* End of Report \*

\* Note: Penalty amount may not reflect all violations cited.

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 14, 2014 - 2:39 PM

## Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CESG), or not a generator (N).
Transporter	Indicates that the facility transports waste subject to RCRA regulations. ("Y" indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment).
IC In Place	Indicates that the facility has Institutional Controls in place. ("Y" indicates that the facility is in this universe).
E Indicator (NE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ("+" indicates the exposure exists and is under control; "-" indicates the exposure exists and is not under control; "N" indicates the exposure does not exist) GW - Groundwater Release ("+" indicates the exposure exists and is under control; "-" indicates the exposure exists and is not under control; "N" indicates the exposure does not exist)
Short-Term Gen Transfer Facility	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Offsite Receiver	Indicates that the facility transfers hazardous waste.
NSM	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (also identified by a different EPA ID). Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ("Y" indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ("Y" indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ("Y" indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ("Y" indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ("Y" indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ("Y" indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ("Y" indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ("Y" indicates that the facility is in this universe).

\* Note: Penalty amount may not reflect all violations cited.



# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 14, 2014 - 2:39 PM

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## Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Violation Type	Description
202.A	GENERATORS - GENERAL

Evaluation Type	Type Description
CDI	CASE DEVELOPMENT INSPECTION
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE
CSE	COMPLIANCE SCHEDULE EVALUATION
FRR	FINANCIAL RECORD REVIEW

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL

\* Note: Penalty amount may not reflect all violations cited.